

Positive Alternatives for Pregnancy and Parenting Grant Program

Solicitation Name Positive Alternatives for Pregnancy
Solicitation Number DPH0000106

Date 28-Sep-16

Cost Proposal Worksheet
Section 5 - Cost Proposal

Unless otherwise specified in the eRFQ or contract agreement, all pricing should be inclusive of all costs associated with providing the services outlined in the eRFQ (i.e., shipping, postage, etc.). Supplemental Cost Data is neither required nor desired.


OFFEROR INFORMATION

Company Name	<u>Columbus Wellness Center Outreach</u>	Contact Name	<u>Luella L. Rhodes</u>
Address	<u>1220 Wildwood Avenue</u>	Title	<u>Program Director</u>
Address 2	<u></u>	Phone Number	<u>706-596-1171</u>
City, State, Zip	<u>Columbus, Georgia 31906</u>	Email Address	<u>cwcopp@bellsouth.net</u>

BUDGET DETAIL SUMMARY

	DESCRIPTION OF SERVICES	Unit of Measure	Cost per Unit	Number of Units	Total Annual Amount
1	Administrative Fee (Please provide a separate line item cost to show how the fee is distributed)	1	\$46,545.00	1	\$46,545.00
2	Salaries and Wages	1	246200.00	1	\$246,200.00
3	Office Supplies	1	\$2,400.00	1	\$2,400.00
4	Postage and Handling	1	\$780.00	1	\$780.00
5	Meeting Expenses	1	\$2,500.00	3	\$7,500.00
6	Travel	1	\$0.54	14400	\$7,776.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
11					\$0.00
12					\$0.00
13					\$0.00
14					\$0.00
Total Projected Annual Costs					\$311,201.00
<i>* This total cost is the amount that should be entered as the bid in Team Georgia Marketplace/Peoplesoft</i>					

I attest the information contained in this Cost Proposal Worksheet is an accurate estimate of our organization's financial proposal for this bid event.


Authorized Signature

Luella Rhodes
Printed Name